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**Hawaii Child Nutrition Programs**  
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**For ALL SCHOOLS Applying for FFVP**

**Fresh Fruit and Vegetable Program (FFVP)**  
**Application for School Year (SY) 20 -20**

Served FFVP in Current SY

No FFVP Served in Current SY

**School Name:**

**FFVP Contact Person**

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**FFVP Mailing Address**

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**Months FFVP May Be Served:** Mark each month of possible FFVP service

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Please indicate the estimated number of FFVP snacks to be served in each day of the week and the grade level/s to be served if you have this information.

	<b>Estimated No. of FFVP Snacks</b>	<b>Grade Level/s to be Served</b>
MONDAY	!	
TUESDAY	!	
WEDNESDAY	!	
THURSDAY	!	
FRIDAY	!	